



## Application for employment

Please answer all questions using block capitals or tick where appropriate.  
If an entry is inapplicable insert No or N/A

Position Applied For:
SIA Licence Number:

Available from:	To:
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1. Personal Information									
Title (Mr/Mrs/Other Etc.)	Previous Address								
Surname									
Forenames									
Surname at birth									
Other names used									
Current Address	Date of birth								
	Place of birth								
	Age								
How long have you lived here since	Sex	Male			Female				
Telephone Mobile	National Insurance Number								
Email Address									
2. Person to contact in an emergency / next of kin									
Name	Relationship								
Address	Telephone								<i>work</i>
									<i>home</i>
3. Uniform size									

If this application is successful, it will be necessary to know your measurements in order to provide you with uniform. Please be as accurate as possible.

Height	Weight	Chest
Waist	Cap size	Inside leg

Collar size	Shoe Size
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**11. References**

Please give details of two people who we can obtain references from, one should be from an employer the other a personal referee.

Full Name	Full Name
Address	Address
Company	Occupation
Telephone	Telephone
How long worked <i>From</i> <span style="margin-left: 100px;"><i>To</i></span>	How long known <i>From</i> <span style="margin-left: 100px;"><i>To</i></span>

**4. Leisure interests, sports and hobbies**

**Important** *Read this section carefully before you sign the statement*

1. If offered employment, it will be on a contract basis. The length of these contracts may vary.

**Statement** *To be signed by applicant*

I certify to the best of my knowledge, the information I have given is complete and correct, and I understand that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

I authorise the Company to approach any Government Agencies, former employers and personal referees to verify the information given, and will supply a statutory declaration if required.

I hereby give my authority for RJA (UK) Ltd to contact my doctor for any further information regarding my state of health.

Applicants signature	Date
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